DECLARATION AND POWER OF ATTORNEY

Docket No. X-12448

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the invention entitled

METHOD OF TREATING THROMBOCYTOPENIC PURPURA AND HEMOLYTIC UREMIC SYNDROME

which is described and claimed in the specification which:

(check [X] one) []	is attached hereto was filed on Application Serial	as United States	
or	PCT International and was amended on	Application No (if appl:	icable).
contents of th	ne above identified	wed and understand the specification, includent referred to above.	
		se information which is ined 37 C.F.R. 1.56.	3
		Title 35, United State visional patent applica	
60/111,770 (Application N	Number)	12/10/98 (Filing Date)	

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

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Docket No. X-12448
Page 2

Attorney	Reg. No.	Attorney	Reg. No.
Brian P. Barrett	39,597	Robert E. Lee	27,919
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Paul R. Cantrell	36,470	Scott A. McNeil	37,185
Daniel W. Collins	31,912	Arlene K. Musser	37,895
Robert A. Conrad	32,089	Douglas K. Norman	33,267
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John H. Engelmann	28,075	Mark J. Stewart	P43,936
Paul J. Gaylo	36,808	Robert D. Titus	40,206
Edward P. Gray	30,638	Guy K. Townsend	34,033
Amy E. Hamilton	33,894	Barbara Twardzik	36,386
Frederick D. Hunter	26,915	MaCharri Vorndran-Jones	36,711
Thomas E. Jackson	33,064	Gilbert T. Voy	P43,972
Charles Joyner	30,466	Thomas D. Webster	39,872
James J. Kelley	41,888	Lawrence T. Welch	29,487
Paul C. Kimball	34,641	Raymond S. Parker, III	34,893
Paul J. Koivuniemi	31,533		
Michael J. Sayles	32,295		

said Robert A. Conrad to have in addition the power to revoke the power granted to all others listed above.

Send Correspondence To:

Direct Telephone Calls To:
(name and telephone No.)

ELI LILLY AND COMPANY
Patent Division/BPB
Lilly Corporate Center
Indianapolis, Indiana 46285

Brian P. Barrett 317-276-7243

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or or First Inventor

Charles Jack Fisher

Inventor's Signature :

Date:

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Docket No. X-12448
Page 3

Full Name of Second

Joint Inventor, if Any: Sau-Chi Betty Yan

Inventor's Signature: Sau Ch. Selly yer Date: 9/7/95

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Date of Deposit DC10,1999	
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1. on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Compare Compare	10

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Charles Jack Fisher, et al.,

For : METHOD FOR TREATING

> THROMBOCYTOPENIC PURPURA AND HEMOLYTIC UREMIC SYNDROME,

Docket No. : X-12448

ASSOCIATE POWER OF ATTORNEY

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Please recognize Lynn D. Apelgren, Registration No. P45,341, as associate agent in this application, with full power to prosecute the application, to make alterations and amendments therein, and to transact such other business in the Office in connection therewith as may be necessary.

Please send correspondence in connection with this application to:

> Eli Lilly and Company Patent Division/BPB Lilly Corporate Center Indianapolis, Indiana 46285.

> > Respectfully submitted,

Brian P. Barrett

Attorney for Applicants Registration No. 39,597 Telephone: 317-276-7243

Eli Lilly and Company Patent Division/BPB Lilly Corporate Center Indianapolis, Indiana 46285

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